SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000187 (6)**

1. Corporation Name

INTER HEAT & COOLING CORP.

Principal Place of Business	Mailing Address
10910 NW S RIVER DR MIAMI FL 33178 US	5355 TOWN CTR RD STE 1004 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0366462	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

8. Name and Address of Current Registered Agent

SCHREIBER, ALYCE
5355 TOWN CTR RD
STE 1004
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

01 Name: Eric Rosa
02 Street Address (P.O. Box Number is Not Acceptable): 6700 N. Andrews Avenue
03: Cypress Park Plaza, Suite #101
04 City: Ft. Lauderdale FL 05 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESS, ROBERT D	1.2 NAME	
STREET ADDRESS	5935 N.W. 99TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	1.4 CITY-ST-ZIP	
TITLE	~~V~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~SCHREIBER, ALYCE B~~	2.2 NAME	
STREET ADDRESS	~~6697 PACIFIC BLVD #290~~	2.3 STREET ADDRESS	Delete
CITY-ST-ZIP	~~BOCA RATON FL~~	2.4 CITY-ST-ZIP	
TITLE	SCD	3.1 TITLE	☐ Change ☐ Addition
NAME	EDELSON, STEVEN L	3.2 NAME	
STREET ADDRESS	8702 COLONIAL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11209	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PEGEURO OSCAR	4.2 NAME	
STREET ADDRESS	12920 SW 3RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Press 7/6/95 (305) 653-3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000082D CP